

POSITION	INITIAL'S	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BE	897	05-14-01
RESPONSE FORMALITY REVIEW	kd	5C-26	07/00/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	Original
1	1/17/01
2	1/17/01
3	1/17/01
4	1/17/01
5	1/17/01
6	1/17/01
7	1/17/01
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9	1/17/01
10	1/17/01
11	1/17/01
12	1/17/01
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18	1/17/01
19	1/17/01
20	1/17/01
21	1/17/01
22	X
23	1/17/01
24	1/17/01
25	1/17/01
26	1/17/01
27	1/17/01
28	1/17/01
29	X
30	1/17/01
31	1/17/01
32	1/17/01
33	1/17/01
34	X
35	1/17/01
36	1/17/01
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38	1/17/01
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50	1/17/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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